

## Resident Satisfaction Survey – Sample Two

**In our continuing effort to provide you with the best possible care, we ask that you provide us with some information to let us know how well we are doing and help us identify any areas that may need improvement. Please remember that your responses will help us improve our services.**

What made you decide to come to the program?

How long have you been in the program?	<input type="checkbox"/> 0-3 mo.	<input type="checkbox"/> 3-6 mo.	<input type="checkbox"/> 6-9 mo.	<input type="checkbox"/> 9-12 mo.	<input type="checkbox"/> 1yr.+
--	----------------------------------	----------------------------------	----------------------------------	-----------------------------------	--------------------------------

**Please rate your level of agreement with the following statements**

I can honestly express my thoughts and feelings about this program to the staff and feel heard.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree	
The staff are friendly and courteous to me.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree	
The facility is clean and comfortable.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree	
The location where I receive my treatment is convenient and accessible.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree	
The staff is able to assist me with any questions or problems I have.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree	
I am treated with dignity and respect by the staff.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree	
How easy was it to receive services?	<input type="checkbox"/> 1 - very easy	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 - very difficult
How well did staff communicate our interest in your care and concerns?	<input type="checkbox"/> 1 – not very well	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 – very well
When you arrived, how well did our staff explain the program to you?	<input type="checkbox"/> 1 – not very well	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 – very well
Did staff spend enough time when you entered the program to answer all your questions?	<input type="checkbox"/> 1 – Too much	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 – Not enough
Did you feel safe at the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why or Why not?			
Were you satisfied with your room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why or Why not?			



Formatted By: FAMILY SHELTER MODEL RECORD TEAM

Sponsored by the Department of Public Health, Bureau of Substance Abuse Services  
Facilitated by The Quality Improvement Collaborative

Did the program's service plan meet your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain:			
If a friend were in need of a similar help, would you recommend this service to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why or Why not?			
Have the services you received helped you deal more effectively with your problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why or Why not?			
What two things have you liked the <i>least</i> about your experience at the program?	1.		2.		
What two things have you liked the <i>most</i> about the program?	1.		2.		
How would you rate the overall program?	<input type="checkbox"/> 1 – Helpful	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 – Not helpful
Do you feel you have been discriminated against during your stay? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? <input type="checkbox"/> Staff <input type="checkbox"/> Resident <input type="checkbox"/> Other _____			If yes, please check-off any and all areas you believe this occurred. <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Disability <input type="checkbox"/> Other _____	
What changes would you recommend to the program?					
Additional comments:					

